



DEPARTMENT OF CHILDREN, YOUTH & FAMILIES
ADOPTION & FOSTER CARE APPLICATION

PLEASE PRINT

Please check one of the following:

☐ Adoption Only

☐ Foster License (Non - relative)

☐ Foster Re-license (Non - relative)

☐ Foster License - Relative

☐ Foster Re-license - Relative

☐ Foster License - Non-Relative Child Specific

☐ Foster Re-license - Non-Relative Child Specific

Name(s) of children for whom you are already providing care or for whom you want to provide care -
(Relative/Child-specific – not biological)

DOB: _____

DOB: _____

DOB: _____

DOB: _____

What is your relationship to/with child/children? _____

1. Applicant #1: _____

Last Name	First	Middle	Maiden	DOB
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Social Security No.	Race	Hispanic – Y/N	Religious Affiliation
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2. Applicant #2: _____

Last Name	First	Middle	Maiden	DOB
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Social Security No.	Race	Hispanic – Y/N	Religious Affiliation
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3. Address: _____

Number and Street	City or Town	Zip Code
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Email address: _____

4. Telephone Number(s): Applicant #1: Applicant #2:
Home: _____ Work: _____ Work: _____
Cell #1: _____ Cell #2: _____

May we call you at work? Applicant #1: ☐ Yes ☐ No Applicant #2: ☐ Yes ☐ No

5. Directions to your home (from Providence):

6. Please indicate city/town, state and dates of residency (for the past 5 years).

Applicant#1:

Applicant#2:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

7. Date and Place of Marriage/ Commitment Ceremony:

8. Date(s) and Place(s) of any previous marriages, committed partnerships and divorces
(Please include all previous married names):

Applicant#1:

Applicant#2:

_____	_____
_____	_____
_____	_____
_____	_____

9. Please provide the following information about ALL your child(ren) including birth, step, and adoptive, regardless of age or current residence:

Last Name

First

DOB

Sex

Living with you? Y/ N

Adopted? Y/N

10. Please list all other members of your household:

Last Name

First

Middle

DOB

Relationship to you

11. What languages are spoken in your home? _____

Do you need an interpreter? ☐ Yes ☐ No

Are you able to read and understand English? ☐ Yes ☐ No

12. Do you require any physical accommodation and/or assistance to help you participate in the DCYF training process? ☐ Yes ☐ No

If so, what accommodation/assistance would you need? _____

13. Please provide the following information regarding your employment for the past 3 years.

Applicant #1:

Employer:

Address:

Start/End Date:

Position:

Work days/Hours

Applicant #2:

Employer:

Address:

Start/End Date:

Position:

Work days/Hours

14. Do you have any other source of income? ☐ Yes ☐ No If yes, please explain:

15. Have you, your partner, your child(ren), or any member of your household ever been the subject of an investigation by Child Protective Services in RI or any other state?

☐ Yes ☐ No If yes, please explain:

16. Have you or your partner ever had a child or children placed outside of your home by this or any other state?

☐ Yes ☐ No If yes, please explain:

17. Have you, your partner, your children, or any member of your household ever received services from DCYF, the Rhode Island Training School or Juvenile Probation?

☐ Yes ☐ No If yes please explain:

18. Have you or your partner ever been licensed for day care, foster care or adoption or have you ever applied to do so? ☐ Yes ☐ No If yes please explain:

19. Have you, your partner, your child(ren), or any member of your household ever received counseling from or had any previous involvement with a Human Service Agency, Mental Health Clinic/Facility, a private therapist, Family Service Agency, Counseling Center, Adoption Agency, etc.? ☐ Yes ☐ No
If yes, please note the agency, dates and reason for involvement:

20. Have you, your partner, your child(ren), or any member of your household ever been arrested, or charged by the police or been arraigned, indicted, or convicted of any offense in any state? ☐ Yes ☐ No

If yes, please explain:

21. Do you or your partner have any chronic illness or handicap that may affect your capacity to parent a child, who may be physically, emotionally or behaviorally challenging? ☐ Yes ☐ No If yes, please explain:

22. Do you or any member of your household have a history of mental illness that may affect your capacity to parent a child who may be physically, emotionally or behaviorally challenging? ☐ Yes ☐ No
If yes, please explain:

23. Please list below all physicians with whom members of your family are involved:

Physician

Address

Family Member

Reason

24. Personal References:

Please list four (4) persons who have known you for at least two years and can comment on your family's lifestyle and values. Please inform them that they will be used as references and will be receiving a letter from the Department, requesting a personal reference response. Also, please ask them to return their response to the Department as soon as possible, as this will help us expedite processing your application.

	<u>Full Name</u>	<u>Complete Address and Zip Code</u>
(Non-Relative) 1.	_____	_____
(Non-Relative) 2.	_____	_____
(Relative) 3.	_____	_____
(Either) 4.	_____	_____

Please identify all adult children that you have parented (birth, step, adoptive, or other).
The Department will be seeking references from all adult children of Adoptive applicants

	<u>Full Name</u>	<u>Address</u>	<u>Telephone</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____

(For additional children, please utilize reverse side of document.)

25. Housing & Safety Factors

Do you own your own home? ☐ Yes ☐ No

In what type of housing do you live? ☐ Single family ☐ Multi – family ☐ Section 8
☐ Public housing ☐ Subsidized housing

How many rooms are in your home? _____ How many bedrooms? _____

Was your residence built after 1978? ☐ Yes ☐ No

Is your home lead safe? ☐ Yes ☐ No ☐ Unsure

Do you own a gun? ☐ Yes ☐ No

If Yes, where and how is it stored, as to be inaccessible to children?

Is there a swimming pool on the property? ☐ Yes ☐ No

If yes, is it securely fenced? ☐ Yes ☐ No

Please list your pets:

☐ None

<u>Type of Pet:</u>	<u>Licensed? (Yes/No)</u>	<u>Up to date on Rabies Inoculations?</u> <u>(Yes/No)</u>

How do your pets relate with children?

26. Matching Factors - To be completed by Adoption Applicants and Foster Care Non-Relative Applicants.

(Relative and Child-specific Foster Care Applicants **do not** need to complete this section.)

What is your preference regarding the child/children for whom you would like to be considered as a foster or adoptive resource?

Age From To Gender: ☐ Male ☐ Female ☐ No Preference
Range: _____ _____

Sibling Group: ☐ Yes ☐ No ☐ Undecided

Would your family consider fostering or adopting a child from a racial, cultural or ethnic group other than your own? ☐ Yes ☐ No ☐ Undecided

Please check the degree of handicapping conditions you feel you might consider.

Physical: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Emotional: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Intellectual: ☐ None ☐ Mild ☐ Moderate ☐ Severe

Please Read Carefully

I/We, the undersigned, attest that the information contained in this application is complete and accurate. I/We understand that any false representation on this application may be cause for denial of the license, which is sought or immediate revocation of any license if it has been issued. I/We further understand that all members of my/our household will be cleared through the record of the Division of Criminal Identification and/or local law enforcement authorities and the records of the Department of Children, Youth and Families.

Applicant #1

Date

Applicant #2

Date

Foster Care Applicants Return Application To:

The Department of Children, Youth, & Families
101 Friendship Street, 3rd Floor
Providence, RI 02903
Attn: Robin Perez

Adoption Applicants Return Application To:

The Department of Children, Youth, & Families
Adoption & Foster Care Preparation & Support Unit
101 Friendship Street, 3rd Floor
Providence, RI 02903

Motivation to Foster or Adopt

A Worksheet to be done individually by each applicant

Use back of paper if necessary.

Name: _____

1. How long did you think about fostering or adopting before applying and who spoke of it first?
2. How did you hear of this program?
3. Why do you want to foster or adopt a child through this Department?
4. What experience have you had directly or indirectly with foster care or adoption?
5. Many families experience difficulties in conceiving or maintaining a pregnancy. Is this something that you have experienced? ☐ Yes ☐ No

If yes, have you taken any steps to alleviate these difficulties? ☐ Yes ☐ No

Are any of these issues a major factor in your decision to Foster or Adopt?

☐ Yes ☐ No

6. (If applicable) What understanding do your present children have about foster care or adoption?
7. Many people have experienced trauma in their own lives, such as childhood abuse, sexual abuse, and domestic violence. Have you ever experienced or witnessed any of these?
☐ Yes ☐ No

If yes, briefly explain:

If you are in a relationship, is your partner aware of this? ☐ Yes ☐ No

8. What do you see as the strengths you bring to the parenting experience?
9. In what areas might you need help in parenting a child placed with you?
10. Describe any experiences you may have had with child care.

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